

<i>SERFF Tracking Number:</i>	<i>CNNB-125842299</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>DP-09-7048-AR</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Dwelling and Liability - EQ form</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Dwelling and Liability - EQ form SERFF Tr Num: CNNB-125842299 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: DP-09-7048-AR

State Status: Fees verified

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi

Author: Matt Terrell

Disposition Date: 10/08/2008

Date Submitted: 10/02/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

04/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

EARTHQUAKE - amended to provide coverage for Unit-Owners Building Items and Improvements, Alterations and Additions.

Company and Contact

Filing Contact Information

SERFF Tracking Number:	CNNB-125842299	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	DP-09-7048-AR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Dwelling and Liability - EQ form		
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Matt Terrell, Senior Filings Analyst	matt_terrell@cinfin.com
6200 S. Gilmore Road	(513) 603-5264 [Phone]
Fairfield, OH 45014	(513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$0.00	10/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$50.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/08/2008	10/08/2008

<i>SERFF Tracking Number:</i>	<i>CNNB-125842299</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/08/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal): 04/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNB-125842299 State: Arkansas
 Filing Company: The Cincinnati Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: DP-09-7048-AR
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Dwelling and Liability - EQ form
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Form	EARTHQUAKE	Approved	Yes

SERFF Tracking Number:	CNNB-125842299	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EARTHQUAKE	DA429	10/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: Previous Filing #:		DA429 10-08.pdf

EARTHQUAKE

1. For an additional premium, we insure for direct physical loss to property covered under Coverage **A, B** and **C, Unit-Owners Building Items** or **Improvements, Alterations and Additions** caused by earthquake including land shock waves or tremors before, during or after a volcanic eruption.

One or more earthquake shocks that occur within a seventy-two hour period shall constitute a single earthquake.

2. **Special Deductible**

The following deductible provision replaces any other deductible provision in this policy with respect to loss covered under this endorsement:

We will pay only that part of the total of the loss for all Property Coverages, except Coverage **D** - Fair Rental Value, Coverage **E** - Additional Living Expenses and the Other Coverages, that exceeds the earthquake deductible stated in this endorsement.

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 10% of the limit of liability that applies to:

- a. Coverage **A, B** or **C**, whichever is greatest; or
- b. **Unit-Owners Building Items**; or
- c. **Improvements, Alterations and Additions**,

in the policy to which this endorsement is attached.

3. **Special Exclusions**

We do not cover loss resulting directly or indirectly from flood of any nature or tidal wave, whether caused by, resulting from, contributed to or aggravated by earthquake.

This coverage does not increase the limits of liability stated in this policy and does not include the cost of filling land.

The **Earth Movement** exclusion in this policy does not apply to loss caused by earthquake including land shock waves or tremors before, during or after a volcanic eruption.

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/08/2008
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Comments:

Attachment:

#P&CTransmittal.pdf

Satisfied -Name:	Form Memorandum	Review Status:	Approved	10/08/2008
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Comments:

Attachment:

FoMemo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

5. Company Tracking Number	DP-09-7048-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Matt Terrell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Lines
10. Sub-Type of Insurance (Sub-TOI)	Dwelling and Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dwelling and Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/09 Renewal: 4/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

18. Company's Date of Filing	10/2/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	DP-09-7048-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Earthquake form updated

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS DWELLING/LIABILITY PROGRAM
FILING # DP-09-7048-AR
FORMS MEMORANDUM**

New or Revised Form	Replaced Form	Description of Change
DA429 (10/08)	DA429 (10/04)	EARTHQUAKE - amended to provide coverage for Unit-Owners Building Items and Improvements, Alterations and Additions.